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Good morning/afternoon, I would like to thank you for this opportunity.

My name is Scott Martus; I am a Lieutenant with the Town North Haven Fire Department, where I have been employed since 2003. I have been a licensed paramedic since 2001, and I have been an EMT since 1994. Throughout my career in emergency service, I have been employed as a paramedic by a commercial ambulance provider, a municipal fire based provider, and a not for profit community based system. Recently, I have been involved in education administration for Yale New Haven Hospital, the medical oversight for the New Haven area providers and PSA holders.

I am here to endorse section 4 of House Bill 6518.

I believe this bill would eliminate some statutory and regulatory conflicts that currently exist with regards to delivering quality Emergency Medical Services throughout Connecticut

Ct regulations governing municipalities, Title **7, section 148**, identifies a duty of the municipality to: and I quote ***"Provide for ambulance service by the municipality or any person, firm or corporation"***. It is a single sentence and it is definitive. However, Ct. Department of Public Health Regulations makes the Commissioner of Public Health responsible for the selection of a Primary Service Area Responder, not the municipality. Not only does this provide regulatory conflict, it can adversely affect patient care in a local community. Simple span of control and geographical logistics make it difficult for one centralized Commissioner to determine ***if*** the needs of a local community are being met. I believe this is why the duty of Emergency Services was left to the municipality in Title 7 to begin with.

I listed my employment history in EMS to demonstrate that I come from a diverse background in the emergency services profession. Spending 15 years working for a for profit ambulance service and spending just shy of a decade in a non-profit fire based system I believe I have an enlightened view of emergency medical services in CT. I have worked in both urban and rural settings, caring for patients of all cultures, income levels, and educational backgrounds. What I have learned as a student of this profession is that different communities have different needs, and the more localized the government